# Air Force Materiel Command

***War-Winning Capabilities … On Time, On Cost***

# Frontline Supervisor Training (FST)

**Installation Name**

**Date of Training**

***Integrity - Service - Excellence***

# AFMC/CC Message

Commanders and Directors, Chiefs, First Sergeants, and supervisors at every level must lead by example first … while getting to know their people and understanding their likes, dislikes, problems, and frustrations. You cannot provide this brand of leadership by sitting behind a computer and generating email taskings. It's personal, it's face-to-face, it's sincere, it's direct. That's what it's going to take from a leadership perspective, but each of us as individuals regardless of rank or position also has a responsibility to ***be alert, get involved, and take action***.

**General Bruce Carlson**

# Background

- **2004 - AF Suicide Rate Spiked**
- **2001 - 2005; ASIST Intervention Training**
- **2005 - AFMC Wellness/Safety Campaign**
- **2006 - AFMC Frontline Supervisor Training**

# Purpose

- **Provide training for frontline supervisors to enhance their ability to recognize and effectively intervene with personnel suffering from emotional distress**

- **Build upon the skills learned during annual suicide prevention training and various other training activities**

# Why The Frontline Supervisor?

- You spend time every day at work with your personnel
- You're familiar with their typical behavior
- You may be the first to see problems develop
- You are the first line of defense
- Being proactive with wellness and safety  benefits people and the mission

# Impact of Distress on People/Mission

- Decreased efficiency and productivity
- Absenteeism
- Late for work
- Missed deadlines
- Faulty decisions
- More accidents
- Increased workplace conflicts
- Lower morale
- Increased likelihood of loss of employment/discharge

# Trust

- **“Nobody cares how much you know until they know how much you care”**

- **Personnel need to know you and trust you before you can be in a position to help them during times of crisis**
  - **You can’t help them if you don’t know their problems**
  - **They won’t trust you with their problems if you don’t take the time to get to know them**

# Role Of The Supervisor

- **Publicly encourage help seeking behavior**
  - **When you first join unit and periodically thereafter**
  - **Set tone that asking for help is OK**
- **Support attendance at prevention or treatment programs**
  - **Allow flexible work schedules when possible**
- **Encourage healthy lifestyle choices**
- **Model wellness and safety**

# Role Of The Supervisor

- **Use the Buddy System**
  - **Emphasize value of healthy relationships**
  - **Foster an environment of self care and peer support**
  - **Encourage development of peer support networks**
- **Apply the Wingman Concept**
  - **Supporting each other enhances the mission**
  - **Airmen of integrity care about each other's well-being**

# Know Your People

- **It is part of our job as supervisors to talk to our people about their lives every day**
- **Leaders who focus solely on the mission can neglect interpersonal factors critical to unit morale/effectiveness**
- **Balance building relationships with work requirements**
- **Easier to recognize distress if you know how someone acts when things are normal**

# Avoid the Disconnect

- **Walk around the duty section every day**
  - **Check to see how things are going at work, at home, and personally**
  - **Interact with personnel to convey interest and concern for their welfare**
  - **Spend time listening to their concerns**
  - **Cultivate your ability to attentively listen**

# Avoid the Disconnect

- **Create an atmosphere of trust**
- **Create a climate that fosters communication**
- **Send the message that:**
  - **Their personal well-being is important to you**
  - **You are interested in hearing about their problems**
  - **You will support them in finding solutions**
  - **You believe seeking help for distress shows strength, responsibility, maturity, and good judgment**
  - **They are a valued and vital part of the unit**
  - **Make them feel comfortable about coming to you**

# Training Overview

- **Four Dimensions of Wellness**
- **Recognizing Distress**
- **Engaging Personnel in Distress**
- **Resources**

# Be a Wingman

1. Take care of yourself
2. Take care of those around you

# Air Force Doctrine

**A healthy and fit force increases resiliency to overcome adversity. All personnel should make every effort to promote emotional and physical health and fitness, both individually and as a unit. (AFP 2-4.2 13 Nov 99)**

# Four Dimensions of Wellness

- **The Four Dimensions of Wellness Model is a holistic approach to human wellness**
- **Wellness has four dimensions: physical, emotional, social, and spiritual**
- **Human Wellness is *the* major deterrent to suicide.**

# Illustration of the Model

**Physical** **Emotional** **Social** **Spiritual**

***Tie downs for riding out a storm***

# PROTECTIVE FACTORS

## Physical

- Within Normal Weight Range
- Balanced and Healthy Diet
- Exercise 3-4 x per week
- Adequate Sleep Patterns

## Emotional

- Positive Self Image
- Happiness, Compassion, Empathy
- Acceptance of Change
- Goal-Oriented
- Optimism

## Social

- Healthy relationships
- Social connections
- Financial Stability
- Job Satisfaction
- Leisure Activities

## Spiritual

- Meditate or pray, alone or with others
- Volunteerism
- Read inspirational material
- Active in spiritual community
- Resiliency
- Lifestyle consistent with core

# RISK FACTORS

## Physical

- Chronic Medical Problems
- Unhealthy Diet
- Sedentary Lifestyles
- Poor Sleep Patterns
- Weight Management Problems

## Emotional

- Poor Impulse Control
- Low Self Esteem
- Depressed and Anxious Mood
- Pessimistic Attitude
- Rigid Thinking

## Social

- Relationship Problems
- Disciplinary/Legal Issues
- Alcohol Abuse
- Financial Issues
- Family Violence
- Social Isolation

## Spiritual

- Absence of spirituality in dealing with life's challenges
- Absence of meditation/prayer time
- Difficult to recover from setbacks
- Lifestyle inconsistent with cope

# Four Dimensions of Wellness Feedback Tool

**Determine a subjective assessment on the Four Dimensions of Wellness. (Circle a number from 1 – 25 for each dimension, with 25 representing the highest possible score in that dimension):**

- **Physical** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
  - **Physical Wellness Defined = Absence of uncontrolled medical illness, a balanced and healthy diet, participation in regular physical activity, satisfied with weight**

- **Emotional** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
  - **Emotional Wellness Defined = Absence of mental illness, feeling good about myself and others, more good days than bad, positive self esteem**

- **Social** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
  - **Social Wellness Defined = Healthy relationships….with loved ones, at work, with financial institutions (comfortable with level of debt and investment), with the law, social acceptance by groups I want to belong to**

- **Spiritual** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
  - **Spiritual Wellness Defined = that force that drives us to make sacrifices for others, our nation, and the greater good.**

# SUPERVISOR'S ASSESSMENT

## Physical

- Items to discuss:
  - Member's current exercise routine
  - Current tobacco/alcohol usage
  - Diet and Weight
  - Any other issues dealing with physical well-being.

*May refer to PCM or HAWC*

## Emotional

- Items to discuss:
  - Member's self-esteem or current emotional state (Happy, depressed, intense, hopeful, angry, impulsive, content)
  - Methods of coping with stress

*May refer to Life Skills, Chaplain or a trusted personal friend*

## Social

- Items to discuss:
  - Network of personal friends
  - Group or community involvement, i.e. sports organizations, parent organizations, hobby groups, etc.
  - Personal/Financial/Legal/Relationship issues about which member

## Spiritual

- Items to discuss:
  - Importance of spirituality or faith in member's life
  - Role of spirituality or faith in dealing with life's challenges
  - Spiritual or faith issues about which member would like to talk with someone

*May refer to Chaplain or religious leader*

# Spiritual Definition

- **What is it?**
  - **The force that drives us to make sacrifices for others, our nation, and the greater good. It may come from religious faith, heritage, experience within our community, influence of role models, or other sources of inspiration. As we stress our core value of service before self, we see spiritual strength as its foundation, whether or not an individual sees himself or herself as religious (*CSAF Sight Picture*, July 05). When my life "crashes in" on me, my spirituality provides the resiliency/hope necessary to bounce back from adversity in the future.**

# An Illustration

**An Airman with:**

- **Post-deployment reintegration issues**
- **Work Difficulties**

**Physical** **Emotional** **Social** **Spiritua**

# Illustration, cont.

**Add:**

-**Poor Self Esteem**

- **Situational adjustment disorders**

An Airman with:

-Post-deployment relationship issues

-Work-related Issues

-Financial Difficulties

**Physical** **Emotional** **Social** **Spiritua**

# Illustration, cont.

**End Result: Individual lacking half of his/her "tie downs" during a personal storm**

**How reliable is this? (sleep, appetite, alcohol?)**

**Present?**

**Wavering?**

**Absent?**

**Physical** **Emotional** **Social** **Spiritual**

# Illustration, cont.

**The Frank Reality…**

**Many of us walk around like this**

**Physical** **Emotional** **Social** **Spiritual**

# Bottom Line: Tie Downs Have Relative Value

Physical Emotional Social Spiritual

# Recognizing Personnel in Distress

- Signs of Distress
- How to Intervene
- Resources

# Barriers to Care

## (NEJM Jul 2004)

**Table 5. Perceived Barriers to Seeking Mental Health Services among All Study Participants (Soldiers and Marines).***

| Perceived Barrier | Respondents Who Met Screening Criteria for a Mental Disorder (N=731) | Respondents Who Did Not Meet Screening Criteria for a Mental Disorder (N=5422) |
|---|---|---|
| | *no./total no. (%)* | |
| I don't trust mental health professionals. | 241/641 (38) | 813/4820 (17) |
| I don't know where to get help. | 143/639 (22) | 303/4780 (6) |
| I don't have adequate transportation. | 117/638 (18) | 279/4770 (6) |
| It is difficult to schedule an appointment. | 288/638 (45) | 789/4748 (17) |
| There would be difficulty getting time off work for treatment. | 354/643 (55) | 1061/4743 (22) |
| Mental health care costs too much money. | 159/638 (25) | 456/4736 (10) |
| It would be too embarrassing. | 260/641 (41) | 852/4752 (18) |
| It would harm my career. | 319/640 (50) | 1134/4738 (24) |
| Members of my unit might have less confidence in me. | 377/642 (59) | 1472/4763 (31) |
| My unit leadership might treat me differently. | 403/637 (63) | 1562/4744 (33) |
| My leaders would blame me for the problem. | 328/642 (51) | 928/4769 (20) |
| I would be seen as weak. | 413/640 (65) | 1486/4732 (31) |
| Mental health care doesn't work. | 158/638 (25) | 444/4748 (9) |

* Data exclude missing values, because not all respondents answered every question. Respondents were asked to rate "each of the possible concerns that might affect your decision to receive mental health counseling or services if you ever had a problem." Perceived barriers are worded as on the survey. The five possible responses ranged from "strongly disagree" to "strongly agree," with "agree" and "strongly agree" combined as a positive response.

# Helping People in Distress

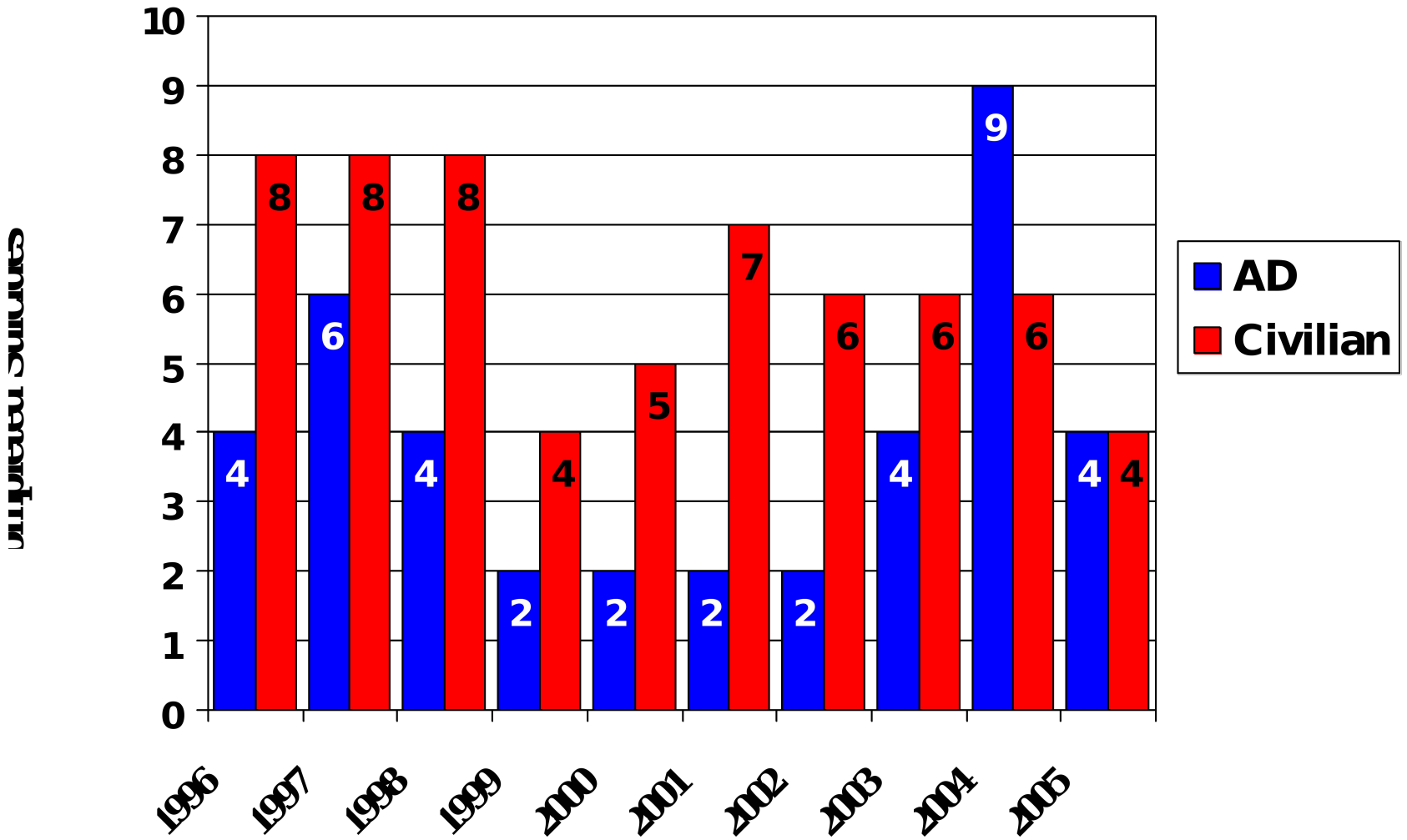
- **Everyone has distress some time in their life**
- **Most reactions to significant events are normal**
- **Respond to negative reactions to distress**
- **Be Alert, Get Involved and Take Action**

# When Your Wingman Needs Support

- **Training Modules**
  - **Suicide Risk**
  - **Domestic Violence**
  - **Sexual Assault and Rape**
  - **Alcohol Abuse**

# Suicide Risk

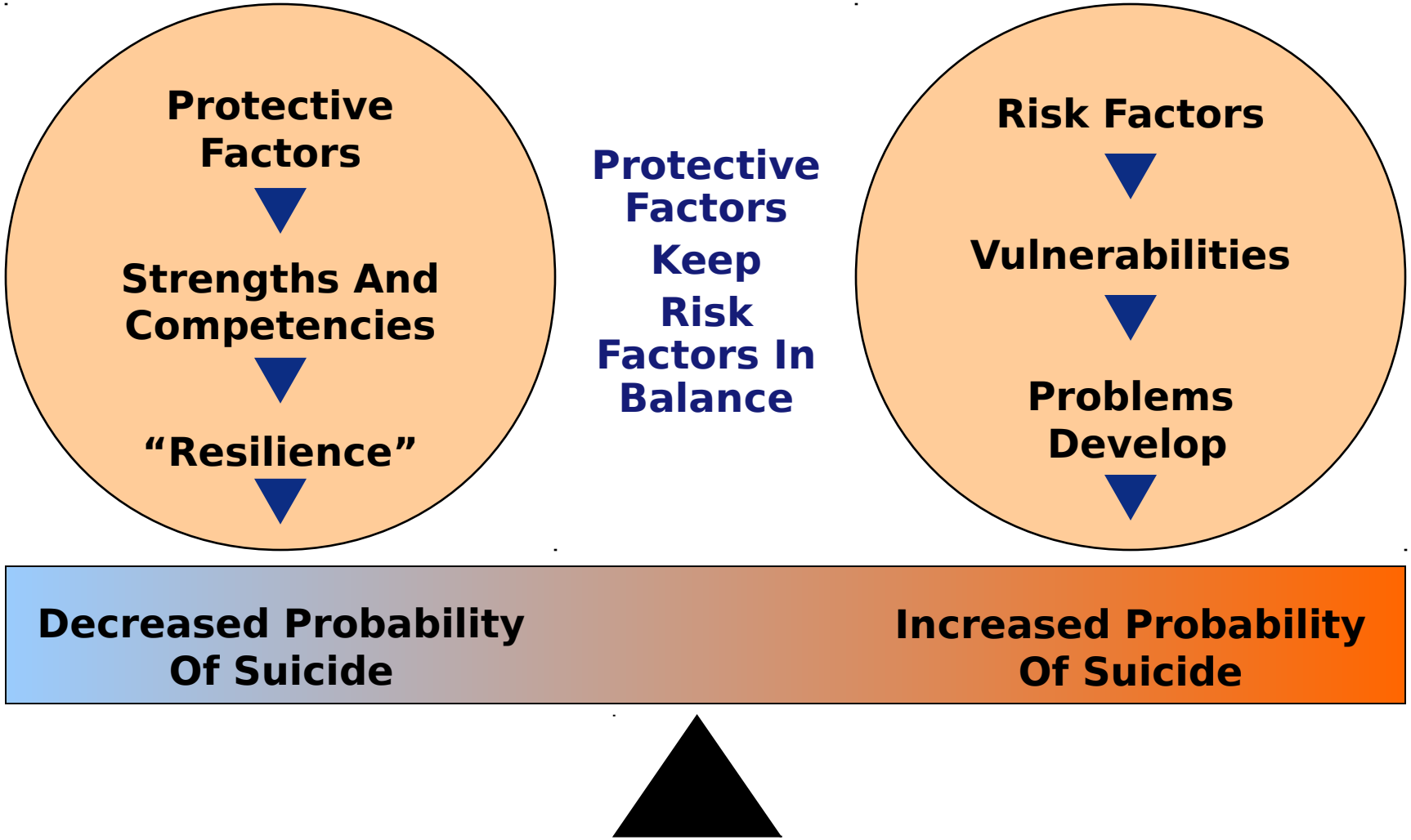
# AFMC Suicide History
## CY 1996-2005



# What Can You Do?

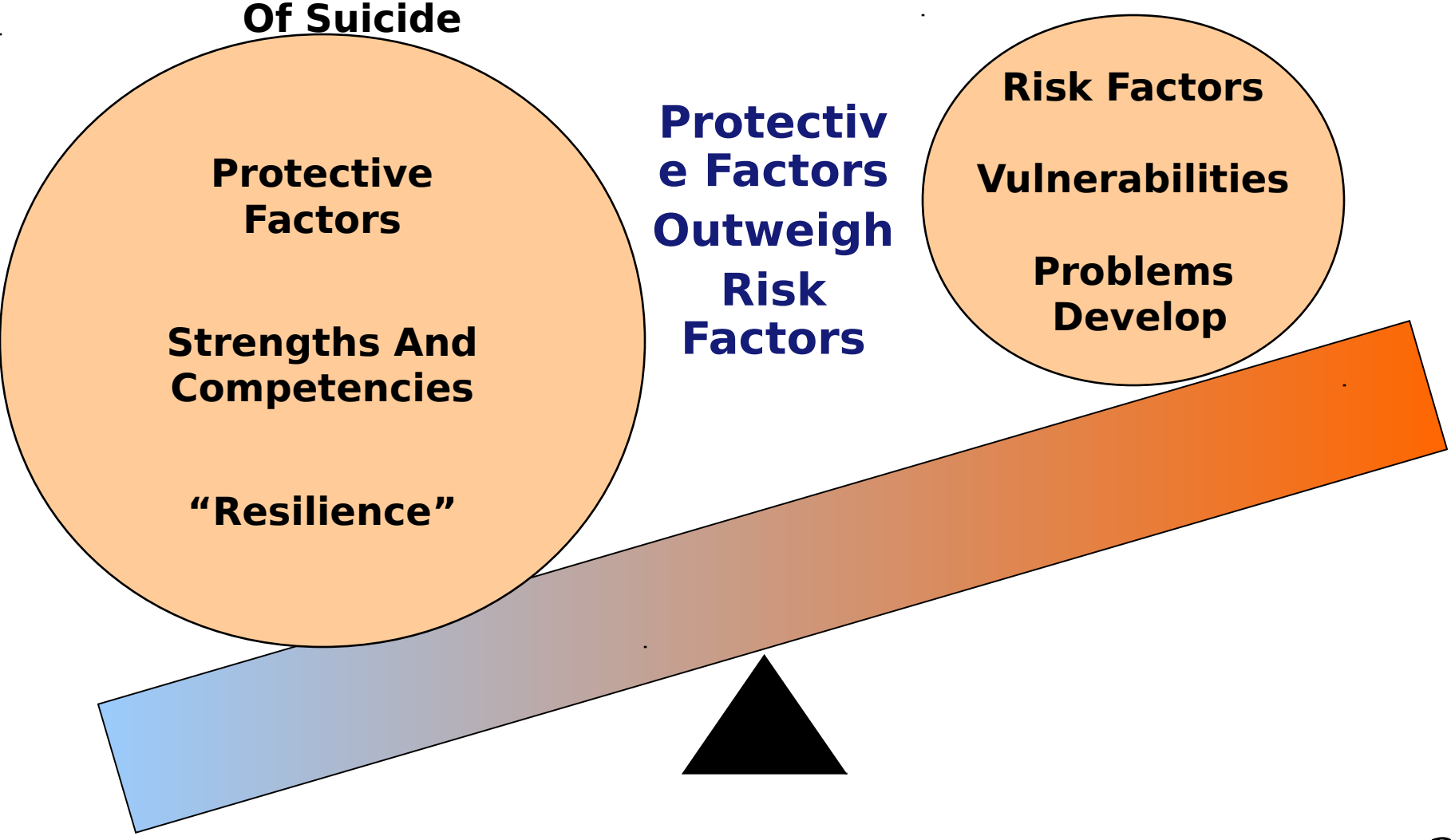
- **Employing the BASIC approach to supporting personnel in distress:**
  - **B**eing there
  - **A**wareness of needs
  - **S**hared decision making
  - **I**mplementation of plan
  - **C**ontinuation through follow up

# Balance


Protective Factors
Strengths And Competencies
"Resilience"
Protective Factors Keep Risk Factors In Balance
Risk Factors
Vulnerabilities
Problems Develop
Decreased Probability Of Suicide
Increased Probability Of Suicide

# Balance

**Decreased Probability Of Suicide**



# Motivation For Suicide

- **Types of Suicide**
  - **Hopeless Suicide**
  - **Psychotic Suicide**
  - **Rational Suicide**
  - **Histrionic or Impulsive Suicide**

# What Can You Do?

- **Be Alert**
- **Get Involved**
- **Take Action**

# Suicide Risk Factors

## Be Alert

- **Relationship Problems (social)**
- **Current/Pending disciplinary problems (social)**
- **Substance Abuse (social)**
- **Financial Problems (social)**
- **Life Transitions (retirement, PCS, discharge) (social)**
- **Medical Problems (physical)**
- **Significant Loss (emotional)**
- **Setbacks (academic, career, or personal) (spiritual)**
- **Severe, chronic, perceived unmanageable stress (emotional)**
- **Access to weapons (social)**
- **History of previous suicide attempts (emotional)**

# Suicide Risk Factors

## Be Alert

- **Changes may be noted in one or more of the following:**
  - **Mood (emotional)**
  - **Concentration (physical)**
  - **Sleep (physical)**
  - **Energy (physical)**
  - **Appetite (physical)**
  - **Impulse Control (emotional)**
  - **Leisure Activities (social)**
  - **Capacity for Enjoyment (emotional)**
  - **Helplessness/Hopelessness (emotional)**
  - **Peer Relations (social)**
  - **Work Performance (social)**
  - **Military Bearing (social)**

# Suicide Risk Factors

## Be Alert

- **Be vigilant when the unit member shows:**
  - **An inability to see a future without pain/resolution**
  - **A view of themselves as worthless**
  - **An absence of control over life's circumstances**
  - **Feeling Alone**
  - **Excessive guilt/shame**
  - **An inability to stop negative thinking**
  - **Pessimism and belief there is no solution to their problems**
  - **Obsessed about death, dying, and weapons**
  - **Challenging people in an aggressive manner**
  - **Giving away possessions**
  - **Excessive sorrow for past behaviors**

# Suicide Risk Factors

## Be Alert

- **Seek immediate assistance from the Life Skills Support Center for any of the following:**
  - **Thoughts of suicide**
  - **A suicide plan**
  - **Access to the method of suicide described**
  - **Stated intentions to complete the plan**

# Ways to Respond

## Get Involved

- **Share your concern for their well-being**
- **Be honest and direct**
- **Use open-ended questions**
- **Listen and pay attention to their words and emotions**
- **Repeat back using their words to demonstrate understanding**
- **Express a willingness to help**
- **Ask direct questions about thoughts and plans for suicide**
- **Tell someone in the chain of command to ensure the individual gets immediate assistance**

# Assessing Suicide Risk

## Get Involved

- **"You've been looking stressed out and you seem kind of short tempered. I'm concerned about you. How are things going for you?"**
  - **Listen patiently, respond with empathy and understanding**
- **"Have things been so bad you have thought of hurting yourself?"**
- **"Are you having thoughts about suicide?"**
- **"Sometimes when people feel really stressed out they have thoughts about suicide. Have you been thinking about suicide?"**

# Assessing Suicide Risk
## Get Involved

- **"What reasons do you have for considering suicide?"**
  - **Is it to get relief from problems, manipulate others, get attention, or get revenge?**

- **"Have you come up with a plan for how to end your life?"**
  - **"Do you have the means to carry out the plan?"**
  - **"Do you think it will succeed?"**
  - **"Have you done anything to put the plan into action (e.g. bought a gun, written a suicide note, horded pills, etc.)?"**

# Assessing Suicide Risk

## Get Involved

- **Have you ever attempted suicide before?**
- **How depressed do you feel?**
- **How hopeless do you feel?**
- **How much alcohol are you drinking?**
- **How long do you think you can tolerate your problems?**

# Assessing Suicide Risk
## Get Involved

- **"Who can you turn to for social support"?**
  - **Is the person isolated or withdrawn?**
  - **Are they using resources they have?**
- **"Do you see some reasons for living"?**
  - **Do they have hope for the future?**
  - **Are there things they would like to do?**

# Assessing Suicide Risk

## Get Involved

- **"Can you think of alternatives to suicide"?**
  - **Does the person accept or reject alternatives suggested by others?**

- **"Have you ever spoken with a counselor or a chaplain about your problems"?**
  - **You may want to ask directly if they have used mental health services in the past**
  - **You may take reliable collateral information into account**

# Levels of Risk

- **No Significant Risk:** no risk factors, no suicidal history
- **Mild Risk:** mild risk factors, no plan or suicidal history
- **Moderate Risk:** moderate to severe risk factors, some vague or general planning, frequent suicide thoughts but no attempts
- **Severe Risk:** moderate to severe risk factors, specific plan with history of attempts (risk factors outweigh protective factors)
- **Extreme Risk:** moderate to severe risk factors, detailed plan with access to means; intends to initiate plan **or** has already taken steps to initiate plan (risk factors outweigh protective factors)

# Managing a Person at Risk

## Take Action

- **Don’t place yourself at risk**
  - **Involve Security Forces to ensure safety for all**
- **Don’t leave the individual alone**
- **Don’t hang up or put on hold when speaking on the telephone**
- **Remove access to means of self-harm**
  - **(firearms, pills, knives, rope, etc.)**
- **Restrict from alcohol**
- **Restrict contact with specific persons who may be a trigger for self-harm or a target for violence**

# Emergency Procedures

## Take Action

- **During duty hours: (If an obvious emergency)**
  - **Call 911 or take to local ER**
  - **Call Life Skills Support Center for guidance**

- **After duty hours:**
  - **Call 911 for obvious emergencies**
  - **Contact Commander or First Sergeant for assistance through the chain of command**
  - **Unit Leadership has access to on-call mental health providers**
  - **Chaplains may also be available as points of contact through the command post**

# Emergency Procedures

## Take Action

- **Telephone Calls**
  - **When helping professionals are not immediately available:**
    - **Express an interest in the person's welfare**
    - **State your willingness to help**
    - **Get their telephone number in case you are disconnected**
    - **Find out where they are located**
    - **Ask about their plans and determine their capability to complete the action**
    - **Listen, and don't give advice**
    - **Keep the person talking and avoid agitating topics**
    - **If someone else is with you, have them contact Life Skills, Security Forces or Emergency Services**

# Counseling/Referral Services

- **Life Skills Support Center**
- **Chaplain**
- **Airman and Family Readiness Centers**
- **Employee Assistance Program (GS employees)**
- **TRICARE Civilian Community Network**
- **Air Force One Source**

# Applying Your Knowledge

**A 21-year-old A1C single female is having relationship problems with boyfriend. The boyfriend has been threatening to break up with her because she's "too clingy." She has attempted suicide once before with sleeping pills when he broke up with her. She has isolated herself from friends, believing he is her life. She believes there is no one else for her but him. She states she would rather die than live without him.**

- **Identify the most likely motivation for suicide**
- **Based on the risk factors that we've just covered, what are the risk factors and protective factors?**
- **What is the risk level?**
- **What steps should you take?**

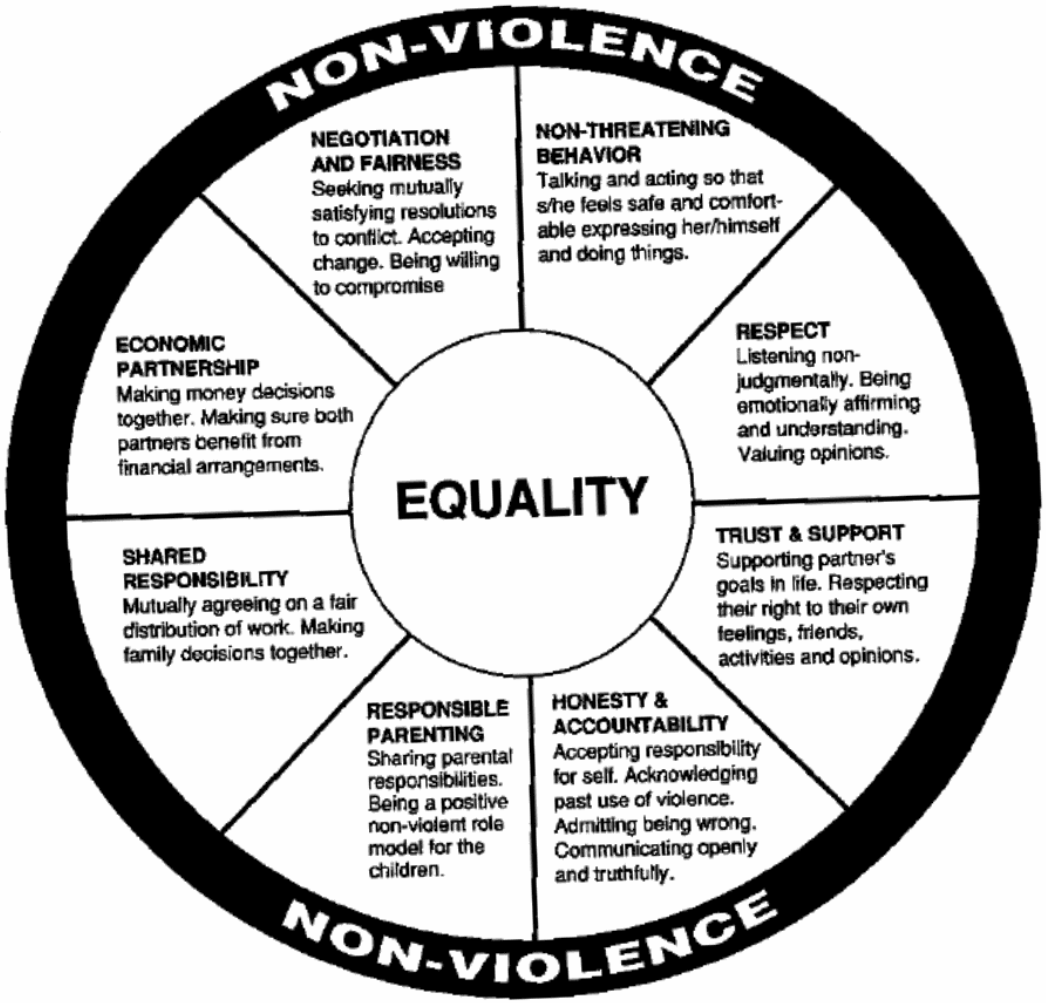
# Applying What You Know

**A 34 year-old male TSgt, divorced three months ago, has learned the court will grant his ex-wife full custody. A substantiated Family Advocacy case with him as the offender, and his history of alcohol problems are thought to be the reasons for this decision. He acknowledges current suicidal thought, but refuses to discuss a plan or intent to act upon a plan. He appears sad, and has little to say. He states he is losing everything he cares about and cannot see anything for himself in the future.**

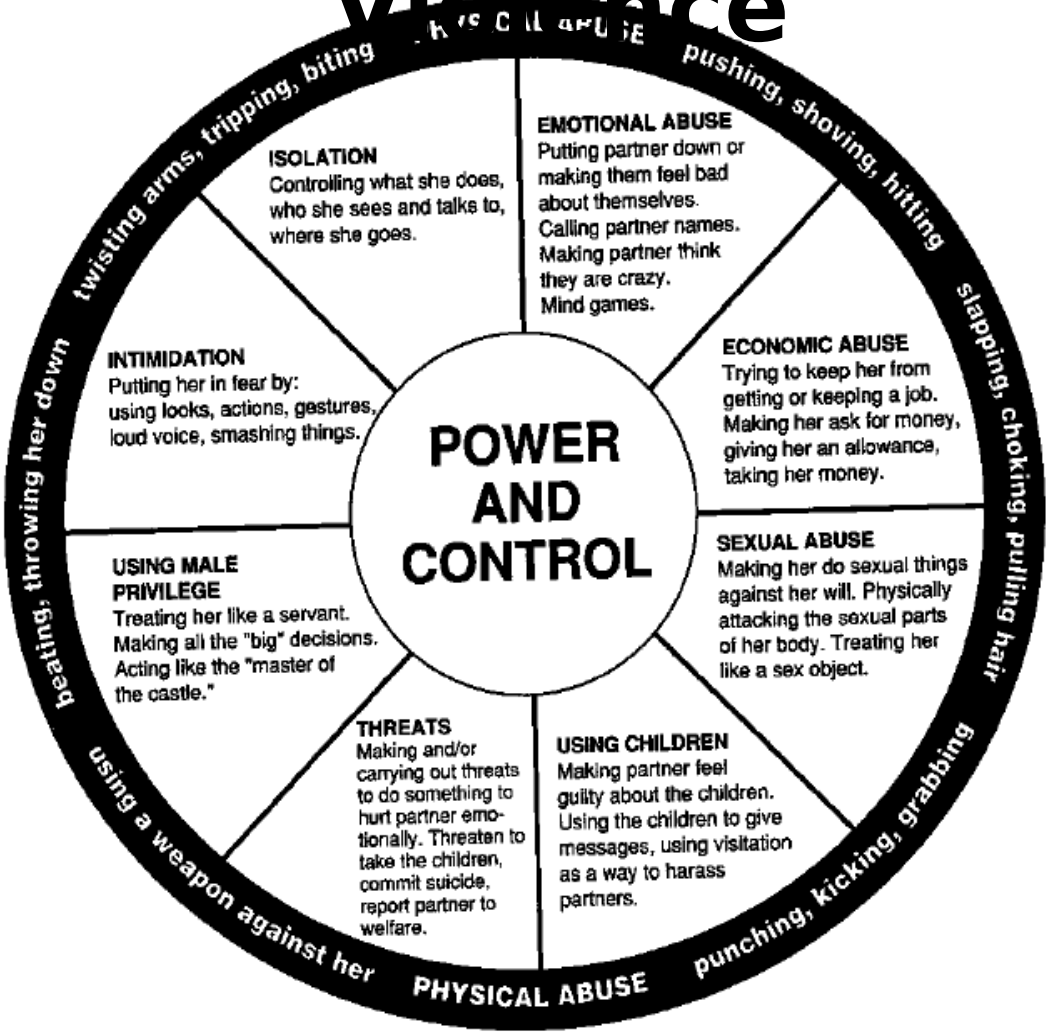
- **Identify the most likely motivation for suicide**
- **Based on the risk factors that we've just covered, what are the risk factors and protective factors?**
- **What is the risk level?**
- **What steps should you take?**

# Domestic Violence

# Characteristics of Healthy Relationships


NON-VIOLENCE
NEGOTIATION AND FAIRNESS
Seeking mutually satisfying resolutions to conflict. Accepting change. Being willing to compromise
NON-THREATENING BEHAVIOR
Talking and acting so that s/he feels safe and comfortable expressing her/himself and doing things.
RESPECT
Listening non-judgmentally. Being emotionally affirming and understanding. Valuing opinions.
TRUST & SUPPORT
Supporting partner's goals in life. Respecting their right to their own feelings, friends, activities and opinions.
HONESTY & ACCOUNTABILITY
Accepting responsibility for self. Acknowledging past use of violence. Admitting being wrong. Communicating openly and truthfully.
RESPONSIBLE PARENTING
Sharing parental responsibilities. Being a positive non-violent role model for the children.
SHARED RESPONSIBILITY
Mutually agreeing on a fair distribution of work. Making family decisions together.
ECONOMIC PARTNERSHIP
Making money decisions together. Making sure both partners benefit from financial arrangements.
EQUALITY
NON-VIOLENCE

# Dynamics of Domestic Violence


POWER AND CONTROL
ISOLATION
Controlling what she does, who she sees and talks to, where she goes.
EMOTIONAL ABUSE
Putting partner down or making them feel bad about themselves. Calling partner names. Making partner think they are crazy. Mind games.
ECONOMIC ABUSE
Trying to keep her from getting or keeping a job. Making her ask for money, giving her an allowance, taking her money.
SEXUAL ABUSE
Making her do sexual things against her will. Physically attacking the sexual parts of her body. Treating her like a sex object.
USING CHILDREN
Making partner feel guilty about the children. Using the children to give messages, using visitation as a way to harass partners.
THREATS
Making and/or carrying out threats to do something to hurt partner emotionally. Threaten to take the children, commit suicide, report partner to welfare.
USING MALE PRIVILEGE
Treating her like a servant. Making all the "big" decisions. Acting like the "master of the castle."
INTIMIDATION
Putting her in fear by: using looks, actions, gestures, loud voice, smashing things.
PHYSICAL ABUSE
pushing, shoving, hitting
slapping, choking, pulling hair
punching, kicking, grabbing
using a weapon against her
beating, throwing her down
twisting arms, tripping, biting

# Dynamics of Domestic Violence

## Be Alert

- **Victim's reluctance to seek help or cooperate with command or helping agencies**
- **Victim may express anger toward the command**
- **Suspicious physical injuries**
- **Police respond to arguments at home**
- **Parties involved may deny potential for abuse**
- **Parties involved display anger and/or resentment**
- **Family member denies or minimizes the abuse**

# Dynamics of Domestic Violence

## Be Alert

- Protective of the abuser
- Fears consequences of reporting the abuse
- Controlling and/or jealous behavior
- Increased alcohol consumption
- Threats made towards spouse
- Intimidation, Male Privilege, Verbally Abusive
- Offender denies, minimizes or blames the victim
- Change in work performance

# Dynamics of Domestic Violence

## Get Involved

- **Privately ask about your specific observations**
- **Question if problems include physical violence**
- **Express the necessity of safety precautions**
- **Determine if weapons are accessible**
- **Act before for a situation escalates into a crisis**

# Dynamics of Domestic Violence

## Get Involved

- **Suggest FAP Prevention Services**
- **Suggest Counseling Services**
- **Share your concerns/knowledge with FAP**

# Dynamics of Domestic Violence

## Take Action

- Report suspicions of abuse to FAP
- Alert the chain of command
  - Report to first sergeant and/or Security Forces to determine course of action
- Encourage counseling services
- Remain Supportive

# What To Expect

- **Safety Plan**
- **Offender may appear apologetic and make promises that it will never happen again … be supportive but alert**
- **Offender may pressures victim to recant and reconcile**
- **Victim may express fear of violence or non-support from the unit**
- **Victim may be protective of offender**

# What to Expect

- **FAP Assessment is mandatory**
- **Case review led by Wing CV with AFOSI/SFS/JA/SQ/CC**
- **Substantiated allegations referred for treatment**
- **Supervisor can facilitate success through support of participation**

# Applying What You Know

**28 year old AD female SSgt reports her husband doesn't want her to go out with girlfriends, gives her an allowance and scrutinizes all of her purchases. He constantly criticizes her appearance, and comments on his surprise that she has made it to NCO status because she is "not that smart". She has bruises on her cheek and her explanation does not seem to be consistent with what you see.**

**What do you do?**

# Applying What You Know

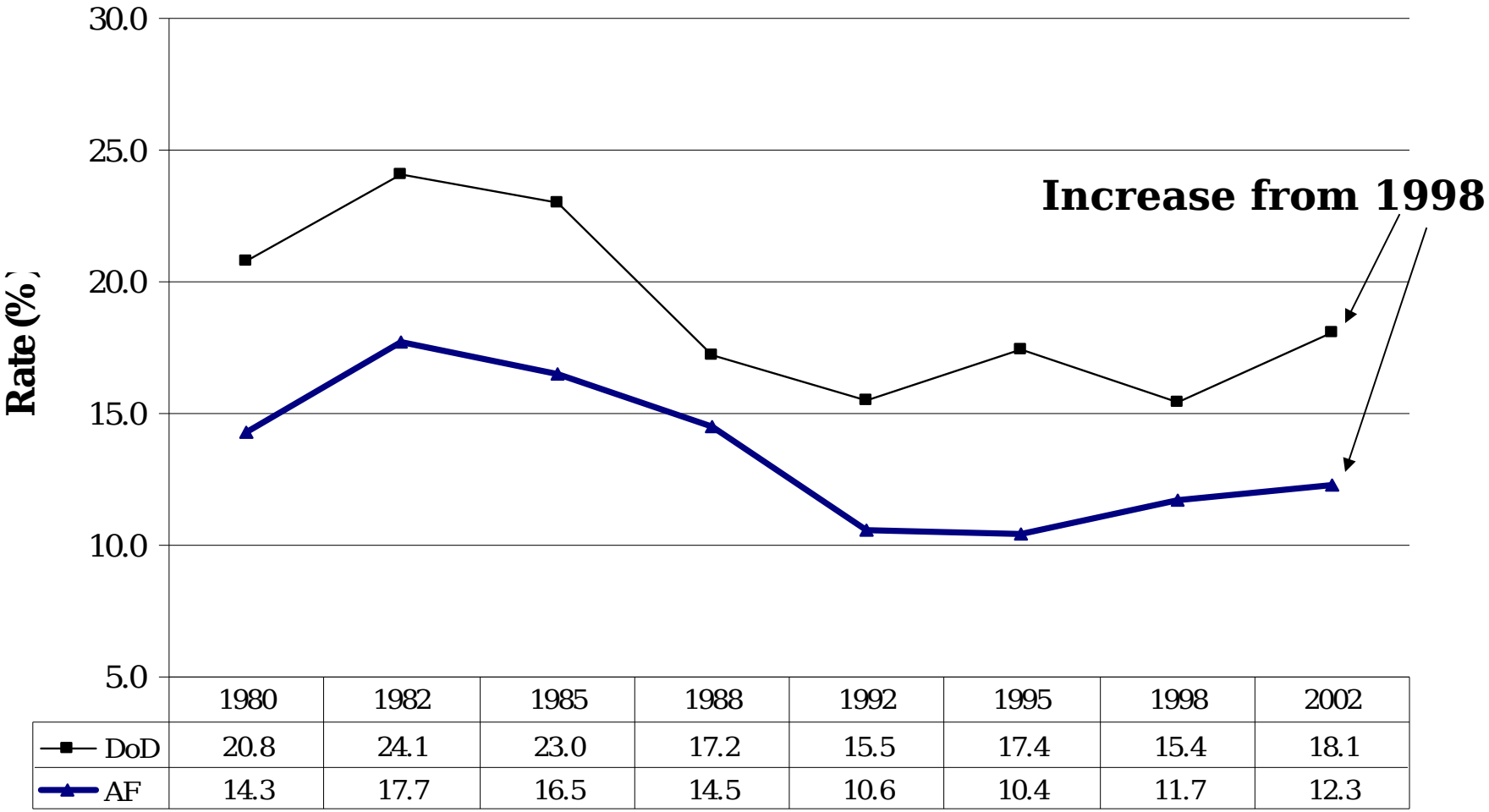
**21 year old female A1C reports her AD SSgt husband came home drunk last night, became verbally abusive and when she asked him to leave and go to a friend's home, he pushed her across the couch where she fell onto the coffee table, cutting her head. He then told her to leave the home. She calls you, telling you what happened and that her kids are asleep in the house. She is afraid to return because he threatened to do more than push her across the couch if she came back.**

**What do you do?**

# Alcohol & Drug Abuse

# DoD/Air Force Heavy Alcohol Use* Trend

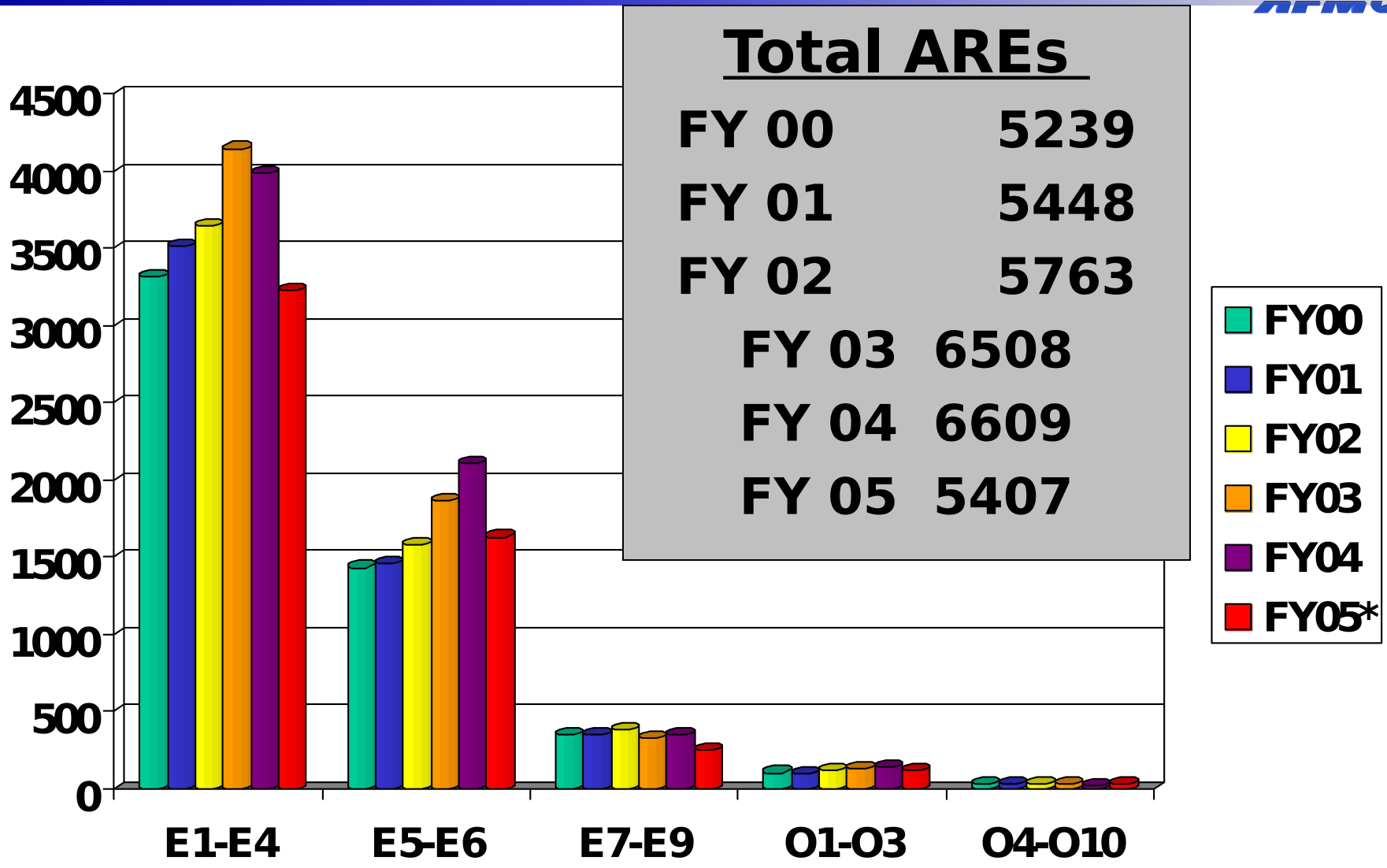
2002 DoD Survey of Health Related Behaviors Among Military Personnel




| | 1980 | 1982 | 1985 | 1988 | 1992 | 1995 | 1998 | 2002 |
|---|---|---|---|---|---|---|---|---|
| DoD | 20.8 | 24.1 | 23.0 | 17.2 | 15.5 | 17.4 | 15.4 | 18.1 |
| AF | 14.3 | 17.7 | 16.5 | 14.5 | 10.6 | 10.4 | 11.7 | 12.3 |

* ≥ 5 drinks on the same occasion at least once a week in the past 30 days

# ADAF Alcohol Related Events (ARE) 2000-2005



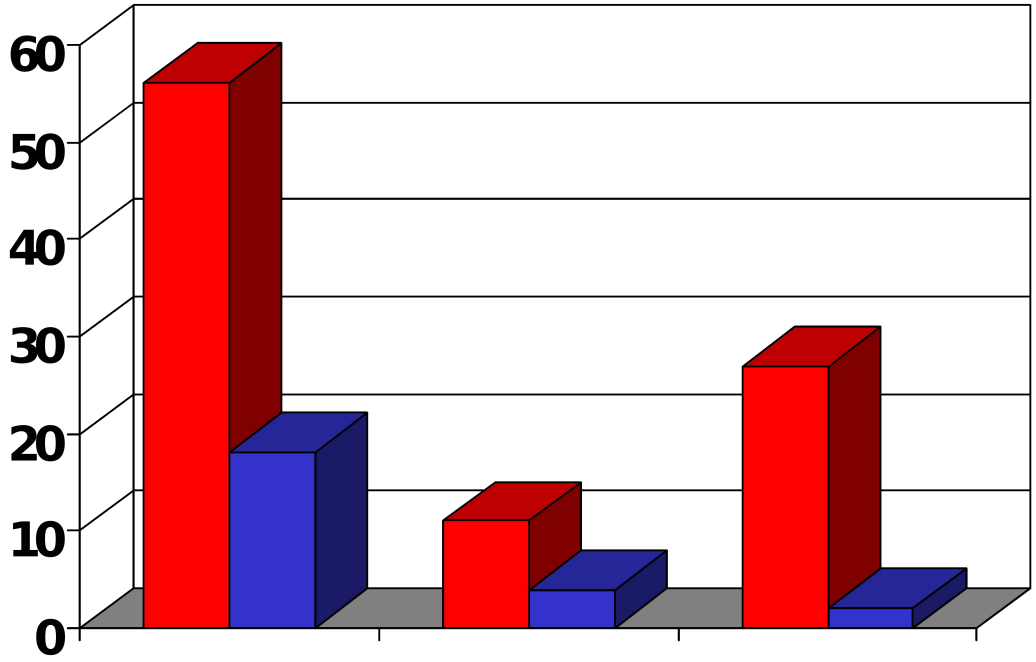
# Why a Culture of Responsible Choices?

- **Alcohol misuse is involved in:**
  - **57% of sexual assaults**
  - **44% of automobile accidents**
  - **33% of suicides**
  - **28.5% of domestic violence incidents**

# AF Illicit Drug Use

- **AD AF FY04 0.45% Drug Positives (1,572 total)**
  - **Discharge ≃ 1500 Airmen a year because of drug positives**
  - **$36-79k average cost to produce each trained Airman**

# Culture of Responsible Choices 0-0-1-3 Results




⇓ 68%

▯ 64%

▯ 93%

# Warning Signs

## Be Alert

- **Alcohol on their breath in the work place**
- **Appearing intoxicated during duty hours**
- **Appearing “hung over” on multiple occasions**
- **Withdrawal Signs**
- **Alcohol or drug-related incident**

# Warning Signs

## Be Alert

- **Frequent tardiness**
- **Change in work performance**
- **Changes in appearance**
- **Significant mood changes**
- **Relationship problems at home or work**

# Get Involved

## CAGE

- **"Have you ever felt you should *C*ut down on your drinking?"**
- **"Have people *A*nnoyed you by criticizing your drinking?"**
- **"Have you ever felt bad or *G*uilty about your drinking"?**
- **"Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (an *E*ye-Opener)**

# Get Involved

- **Communicate and Demonstrate Your Concern**
- **Observe and Document**
- **Encourage Self-Referral for Help**

# Take Action

- **Alert your chain of command**
- **Ask the member how you can be of assistance**
- **Support the family**

# What to Expect

- **Following an alcohol related event, ADAPT staff assess to determine the extent of the problem and level of care required**

- **Potential Findings:**
  - **No diagnosis**
  - **Alcohol/substance abuse**
  - **Alcohol/substance dependence**
  - **Other mental health diagnosis**

# What to Expect

- **Treatment Team (TT) convenes**
  - **TT recommendations made to commander**
  - **Determine level of care within 15 days of evaluation**
  - **Aftercare begins within 10 days of treatment completion**
  - **TT meets every 90 days during aftercare**

- **Termination visit with aftercare completion**

# Applying What You Know

**24 year old SSgt in your shop is frequently seen intoxicated at a popular local establishment off base. His friends come to you and voice their concern about his drinking. He is there every Friday night, without his wife. The SSgt tells his friends he works hard, and he plays hard. As his NCOIC, your spouse knows his wife, and she has seemed sad and depressed in recent months. She says "money is tight" and "I am worried about him".**

**What do you do?**

# Applying What You Know

**Although asked to maintain silence, an Airman reports to you that another one of your troops was involved in an incident over the weekend. According to the report, he was intoxicated at a local base event. He was described as verbally abusive to others in attendance, and on his way back to his dorm, he fell and suffered lacerations to his face.**

**He waited until he was sober to seek medical care, and then he described a freak accident as the cause for injury. He denied alcohol being a factor, telling the doctor he was "just clumsy". This is not the first time you have heard concerns about his drinking.**

**What do you do?**

# Sexual Assault

# Dynamics of Sexual Assault and Rape

- **Definition – Crimes that involve unwanted and illegal acts**
- **National Center for Victims of Crime: 1 out of 8 women have been victim of forcible rape**
- **31 percent of all victims will suffer from Post-Traumatic Stress Disorder**

# Dynamics of Sexual Assault and Rape

## Be Alert

- Fear their families/loved ones will find out about the rape
- Others may believe it was their fault it occurred
- Fear publicity of the event
- Fear pregnancy or sexually transmitted disease

# Dynamics of Sexual Assault and Rape

## Be Alert

**If the offender is known to the victim:**

- **Think people are less likely to believe or understand them**
- **Find it difficult to trust others**
- **Be concerned about seeing the offender**
- **Fear future attacks**
- **Fear lack of support from the unit and won't report**

# Dynamics of Sexual Assault and Rape

## Get Involved

- Assure their safety
- Approach the victim in a supportive manner
- Encourage the victim to report to law enforcement
- Encourage as much control over their situation as possible
- Discourage the destruction of potential evidence
- Reinforce the assault/rape was not their fault
- Listen!  Constant conversation is not necessary

# Dynamics of Sexual Assault and Rape

## Take Action

- Alert the Chain of Command
- Contact the Sexual Assault Response Coordinator (SARC)
- Be available; be sure the victim can turn to you in the weeks and months to come
- Transportation to medical appointments
- Accompany the victim through this process

# Applying What You Know

**A 19 year old SrA tells you she was raped last night. She met another Airman at the club and after dancing and drinks, he invited her back to his dorm room. Sitting on his bed, they began kissing, followed by fondling. He insisted she spend the night since it was late and she had been drinking. She agreed to stay. Although he said he would sleep in the floor, she was awakened in the night with him on top of her, forcibly taking her clothes off. Though she fought and pleaded that she did not want to have sex, he continued. Afterwards, she left his room and returned to her own dorm.**

**What do you do?**

# AF Civilians

## Be Alert

- **AF Civilians are critical Air Force resource**

- **BASIC Approach to providing assistance is the same**
  - **Being there**
  - **Awareness of needs**
  - **Shared decision making**
  - **Implementation of plan**
  - **Continuation through follow up**

# AF Civilians

## Get Involved

- **Counseling Services**
  - **Private Health Insurance**
  - **Employee Assistance Programs**
  - **Occupational Medicine**

# AF Civilians
## Get Involved

- **Alcohol and Drug Treatment**
  - **Goal**
  - **Supervisor's Role**
  - **Personnel Employee Relations Specialist**

# AF Civilians
## Take Action

- **Medical Emergencies**
  - **Contact closest medical treatment facility to secure necessary care**
  - **Accompany the employee to an emergency evaluation, if they agree to go; if not, contact Employee Relations**
    - **Do not put yourself at risk in the process!**
- **Fitness for Duty**
  - **Must engage Employee Relations for guidance**
  - **Employee should not return to duty unless cleared by a qualified medical/mental health provider**

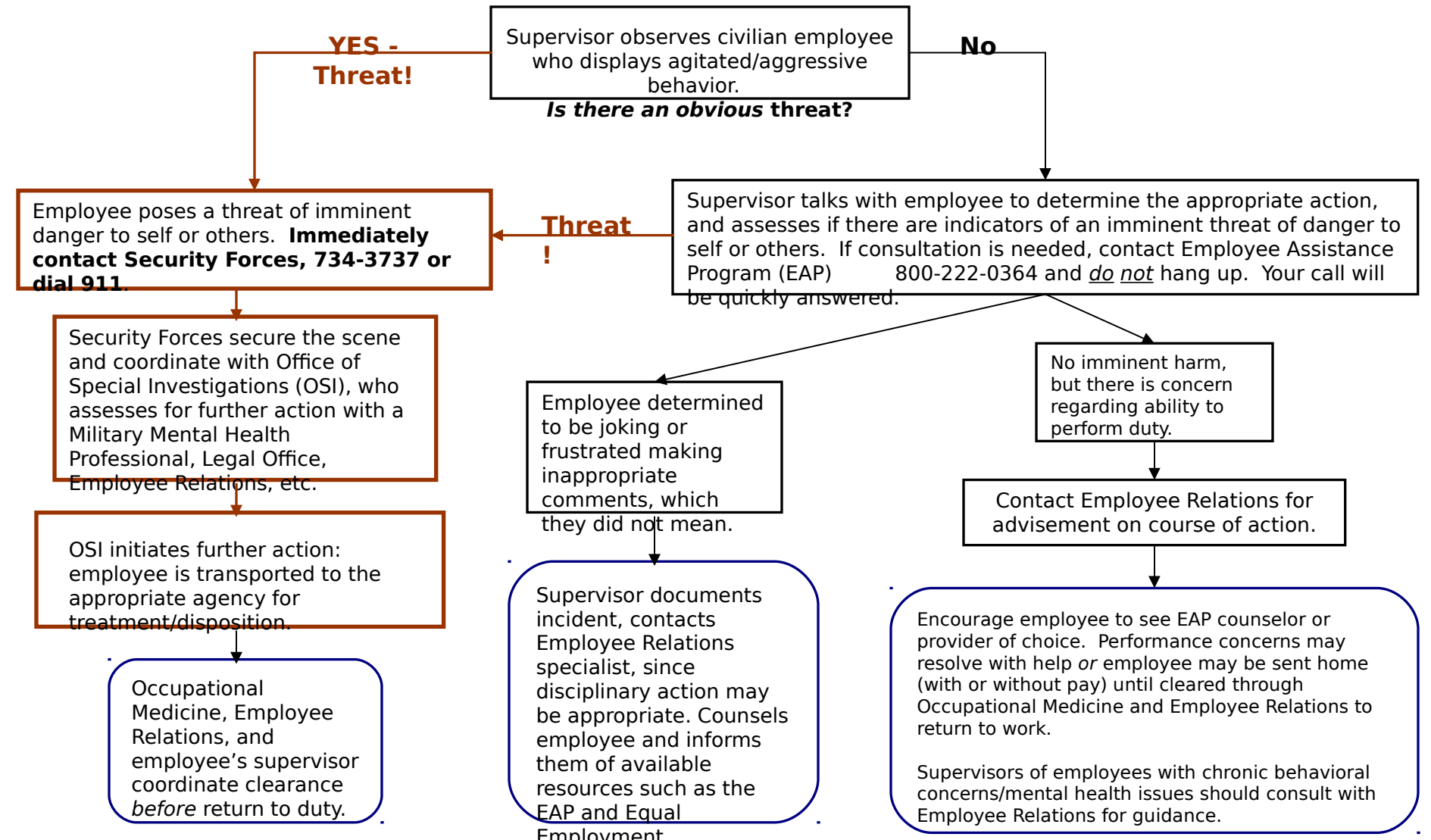
# Applying What You Know

**You have a GS-7 employee who is angry and often short-tempered with others. Employees have complained that he makes threatening remarks, but you have not observed this yourself. Employees refuse to make a formal complaint about this man and indicate they are afraid to get involved. Their work performance has been average at best for quite some time.**

**What should you do?**

# AF Civilian

## Take Action


Supervisor observes civilian employee who displays agitated/aggressive behavior.
*Is there an obvious* threat?
YES - Threat!
No
Employee poses a threat of imminent danger to self or others. **Immediately contact Security Forces, 734-3737 or dial 911.**
Threat !
Supervisor talks with employee to determine the appropriate action, and assesses if there are indicators of an imminent threat of danger to self or others. If consultation is needed, contact Employee Assistance Program (EAP) 800-222-0364 and *do not* hang up. Your call will be quickly answered.
Security Forces secure the scene and coordinate with Office of Special Investigations (OSI), who assesses for further action with a Military Mental Health Professional, Legal Office, Employee Relations, etc.
OSI initiates further action: employee is transported to the appropriate agency for treatment/disposition.
Occupational Medicine, Employee Relations, and employee's supervisor coordinate clearance *before* return to duty.
Employee determined to be joking or frustrated making inappropriate comments, which they did not mean.
Supervisor documents incident, contacts Employee Relations specialist, since disciplinary action may be appropriate. Counsels employee and informs them of available resources such as the EAP and Equal Employment Opportunity Office.
No imminent harm, but there is concern regarding ability to perform duty.
Contact Employee Relations for advisement on course of action.
Encourage employee to see EAP counselor or provider of choice. Performance concerns may resolve with help *or* employee may be sent home (with or without pay) until cleared through Occupational Medicine and Employee Relations to return to work.
Supervisors of employees with chronic behavioral concerns/mental health issues should consult with Employee Relations for guidance.

# Publication Resources

- **Leader's Guide to Managing Personnel in Distress**
  - **http://afspp.afms.mil**

- **Air Force Readiness Edge**
  - **https://www.afmc-mil.wpafb.af.mil/wingman.htm**

# Wingman's Resources

**Resource/Phone Number**

- **Chaplain (X-XXXX)**
- **Family Advocacy (X-XXXX)**
- **Family Member Programs Flight (X-XXXX)**
- **Airman and Family Readiness Center (X-XXXX)**

- **Health & Wellness Center (X-XXXX)**
- **Life Skills Support Center (X-XXXX)**
- **Reserve Family Readiness (X-XXXX)**
- **Air Force One Source (X-XXXX)**
- **Employee Assistance Program (X-XXXX)**
- **Sexual Assault Response Coordinator/Victim Advocate (X-XXXX)**

# AFMC/CC Message

***If a new AF civilian intern or young lieutenant sees a team member getting ready to commit an unsafe act … he or she must get involved … and take action. Changing the culture starts with leadership, but depends on all of us.***
***The Wingman culture aligns with what we'll strive to achieve in the areas of wellness and safety. It's all about looking out for each other … taking care of each other. Be safe, be well … and let's all be good Wingmen!***

**General Bruce Carlson**